



PHILIP MORRIS ENROLLMENT APPLICATION OFFICE SYSTEMS TRAINING PROGRAMS

Send completed application form to Office Systems Training Department,
10th floor—100 Park Avenue.

Student Name:			Social Security Number:	
Job Title:			Operating Company:	
Phone Ext:	Building:	Floor:	Supervisor's Name:	Phone Ext:

Current System:	
<input type="checkbox"/> IBM Personal Computer	<input type="checkbox"/> Macintosh

Course Name:		Course Date:
<i>I request permission to attend this program.</i>	Signature:	Date:
<i>I recommend attendance.</i>	Immediate Supervisor's Signature:	Date:
Manager's Signature:		Date:

Course enrollments are confirmed by Office Systems Training. You will be notified at least one week prior to the beginning of the workshop as to whether your application has been accepted. If this course is filled, your name will be put on a waiting list for the next session of this course.

Office Systems Training Department use only		Date received:
Confirmed Class:	Date:	Approval:
Prerequisites met:	Comments:	